STATE OF WISCONSIN, CIRCUIT COURT,	COUNTY	For Official Use
IN THE MATTER OF	☐ Amended	
	Order on Petition	
	<ul> <li>Objecting to Transfer of</li> </ul>	
	Protective Placement	
Date of Birth	Case No	
This matter is before the court on a Petition Objec held. The court has considered testimony, reports recommendation and other information as follows:	s and other evidence presented, the guardian	ad litem's report and
THE COURT FINDS:		
on the minor's behalf.  C. continues to be so totally incapable of pro	idential care and custody. of: ss ental disability and a petition for guardianship oviding for his or her own care or custody as t or others, with serious harm being evidenced	o create a substantial
2.The individual no longer meets the standar	rds for protective placement.	
☐ 3. The proposed transfer:		
the individual has a development	nd court has made a specific finding as to the tall disability and the transfer is to an intermed a community plan or a community plan being f	iate facility or nursing
the needs of the individual and the state and federal funds, and could the transfer is to an intermediate	tive environment and in the least restrictive more resources of the county department, includinty funds required to be appropriated to match facility or nursing facility that is in the most in ract with persons without a developmental distance.	ing the limits of available h state funds. tegrated setting
the transfer is in the best interest	t of the individual.	
☐ B. <b>does not meet the standards</b> for trai	nefor hosquiso:	See attached
the transfer is to a unit for the ac	utely mentally ill.	
<ul> <li>the transfer is to a locked unit winder</li> <li>the individual has a development facility without development of a department or agency and to the</li> </ul>	thout a specific finding from the court as to the tal disability and the transfer is to an intermed community plan or a community plan being full individual's guardian.	iate facility or nursing irnished to the county
	strictive environment and in the least restrictive and the resources of the county department, in	

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available state and federal funds	s, and county	funds required to be ap	propriated to match state	
funds.				
the transfer is to an intermediate				
that enables an individual to inte	ract with pers	sons without a developm	nental disability to the fullest	
extend possible.  the transfer is not in the best integrated the state of the control of the con	erest of the in	dividual		
other:	creat of the in	aividuai.	☐ See attached	
4. The individual meets the standards for pro	tective servi	ces because:		
A. the individual has been determined to have a developmental disability and or B. as a result of a developmental disabilit illness, or other like incapacities, the in or will present a substantial risk of physical states.	be incompeten whose beha y, degenerati dividual will i	ent by circuit court or is a alf a petition for a guardi ve brain disorder, seriou ncur a substantial risk o	anship has been submitted. us and persistent mental f physical harm or deterioratior	
THE COURT ORDERS:				
$\square$ 1. The objection is denied and the transfer is approximately	proved.			
$\square$ 2. The objection is granted and the transfer is pr	ohibited.			
<ul> <li>☐ 3. The protective placement is terminated.</li> <li>☐ A. The individual shall be transferred or distribution this order. The county department shall individual including planning for proper for the individual.</li> <li>☐ B. The individual may remain in the current</li> </ul>	l assist the re residential liv	sidential facility with dis ing arrangements and tl	charge planning for the necessary support services	
4. The county department or agency with which shall provide protective services to the individe manner consistent with the needs of the individed limits of available state and federal funds, and	ual in the lea idual and the	st restrictive environmer resources of the county	nt and in the least restrictive department, including the	
☐ <b>5.</b> Other:				
THIS IS A FINAL JUDGME	ENT/ORDER	FOR PURPOSES OF A	PPEAL.	
BY THE COURT:				
		Signature of Circuit Court Jud	ge/Commissioner	
		Name Printed or 1	Typed	
Distribution: 1. Original - Court 2. Individual		Date		
Individual's Guardian     Individual's Legal Counsel, if any				
Guardian ad Litem     G. Individual's agent under an activated power of attorney for healthcar	e if any			
7. Facility in which the individual resided when petition for annual revie  8. County Department of individual's county of residence under §55.18(  9. County Department of individual's placement under §55.18(1m)	w was filed			